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Testimony on S.B. 917: AAC School-Based Health Centers
Public Health Committee
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The National Association of Social Workers, CT Chapter supports S.B. 917 as it calls for a state definition of a school based health center that we believe will assure consistency of services. It also calls for an advisory board to the DPH Commissioner that we believe will heighten the attention given to School Based Health Centers and within available appropriations can expand the number of school based centers through 3-year grants.

Of particular interest to NASW/CT is Section 1 of the bill that calls for uniform standards of operation for a school based clinic, including behavioral health services. According to the National Mental Health Association, less than 1 in 5 of the 12.5 million children in need of mental health services actually receive them. Many of these children will not achieve academic success due to social, emotional and behavioral problems affecting school performance. School based health centers that include behavioral health services offer these school aged children with accessible mental health services.

Children today have more stress than ever before that place increasing numbers of children at risk. For many of these children mental health services are not available due to cost, lack of insurance coverage, myths and stigma of mental health services that keep these children's parents from seeking mental health services, lack of accessible care in the community, waiting lists for appropriate services, lack of culturally appropriate services or due to parents that are struggling with multiple jobs and work schedules that make it too difficult to bring their children to a mental health program. School based health centers offer an effective approach to addressing all of these issues.

Children who utilize school based health centers can access needed mental health care without embarrassment or stigma. Because the centers offer a range of health care services the purpose of a visit is not readily identifiable. Additionally, the fact that children are already in school addresses the issues of accessibility and care can be made affordable to all of the school's children. School social workers can coordinate services with the school based health centers however we caution that these centers do not offer the same services as school social workers and should not be seen as a replacement for school social work services.

SBHC's typically offer mental health treatment, address acute conditions, provide preventive medical exams, treat injuries, offer oral health care, provide follow-up on chronic conditions and offer health education. These are services that benefit the student, the student's family, and the school system by having a healthier student body. These are also the services that every school based health center needs to offer to be fully

comprehensive. This bill, by defining a school based health center will assure that all school based centers do indeed offer the full range of necessary services.

We recognize that there are school based programs that offer just mental health services and that not all schools have the space necessary for a full school based health center. These limited in scope services are of great value and while not being a full school based health center should continue to be supported.

We strongly recommend one change in the bill, that being for part 2c in Section 1 be amended to read the DPH "shall" adopt regulations rather than "may". The SBHC Advisory Committee met for a year and developed the minimum standards, thus the work has been carefully crafted and should be adopted.

Schools do not function in a vacuum. When students cross that school door they bring with them the life stresses of their family, impacts of poverty, trauma of witnessing violence, fears of being bullied, chronic and acute health problems, and in this poor economy where so many families are struggling to get by all of the concerns that a poor economy places on a family press on the student's mind. All of these factors are obstacles to learning. All of these obstacles are brought into the classroom. The medical and behavioral staff of SBHC's breaks through these barriers by providing students with a safe place to seek care within the school. This in turn allows students to return to the classroom ready to be productive in their educational learning. That is why it is imperative that school based health centers be given priority status by DPH and this Legislature.